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Bib Data Sheet

CONFIRMATION NO. 4927

<b>SERIAL NUMBER</b> 09/852,599	<b>FILING OR 371(c) DATE</b> 05/10/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3692	<b>ATTORNEY DOCKET NO.</b> 006878-112200
<b>APPLICANTS</b> Zachariah Cobrinik, New York, NY; Edward Logan, New York, NY; Andrew Walter, New York, NY;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS <sup>CG</sup> *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/06/2001				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and <u>[Signature]</u> <sup>CG</sup> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 26
			<b>INDEPENDENT CLAIMS</b> 14	
<b>ADDRESS</b> 32361				
<b>TITLE</b> Methods and systems for managing investments in complex financial investments				
<b>FILING FEE RECEIVED</b> 1828	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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<b>SERIAL NUMBER</b> 09/852,599	<b>FILING DATE</b> 05/10/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2161	<b>ATTORNEY DOCKET NO.</b> 7058.031	
<b>APPLICANTS</b> Zachariah Cobrinik, New York, NY; Edward Logan, New York, NY; Andrew Walter, New York, NY; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 07/08/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <input type="checkbox"/> Examiner's Signature <input type="checkbox"/> Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 26	<b>INDEPENDENT CLAIMS</b> 14
<b>ADDRESS</b> Barry J. Schindler Dreier & Baritz LLP. 499 Park Avenue New York, NY 10022					
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